

JAN 25 1941

Registration District No. **705**

Primary Registration District No. **5934**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Sherman Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Practically all his life**
In this community **20** years, months or days

3. (a) PRINT FULL NAME **Otto E. Wallace**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lila** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **February 14 1870**
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **4** If less than one day hr. _____ min. _____

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Pleasant W. Wallace**

13. Birthplace **Tenn** (City, town, or county) (State or foreign country)

14. Maiden name **Martha Huff**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Jack M. Coy**

(b) Address **Archer street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 19, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Shipley Creek**

18. (a) Signature of funeral director **Hutchinson & Co.**

(b) Address **Bolivar Mo.**

19. (a) **12-19-40** (Date received local registrar) (b) **Mary Lammel** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **18** year **1940** hour **8** minute **30.0** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
he was putting a stick of gum in that smoke
himself & fell over dead
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **44/2**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **634** (Specify type of place)

While at work? _____ (e) Means of injury **Coroner**

23. Signature **Bert Jegan** (M.D. or other) **Deputy**
Address **Bolivar** Date signed _____

RECEIVED

District Health Officer No. 7,

District File Number 1-41-1

Date Filed 1-2-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.